

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COPY

FILE

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CALIFORNIA
FORM

460

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A For Official Use Only

Statement covers period

from 01/12/2003

through 02/07/2003

Date of Election if applicable:

(Month, Day, Year)

01/28/2003

FEB 12 2003

REGISTRAR OF VOTERS
By *[Signature]*
Deputy

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
☒ State Candidate Election Committee ☐ Primarily Formed
☐ Recall ☐ Controlled
☐ General Purpose Committee ☐ Sponsored
☐ Sponsored ☐ Primarily Formed Candidate
☐ Small Contributor Committee Officeholder Committee
☐ Political Party/Central Committee

2. Type of Statement: POST ELECTION

- ☐ Pre-election Statement ☐ Quarterly Statement
☐ Semi-annual Statement ☒ Special Odd-Year Report
☐ Termination Statement ☐ Supplemental Pre-election
☐ Amendment (Explain below) Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1243639

COMMITTEE NAME

Bill Campbell for Supervisor

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

AREA CODE/PHONE

(714) 283-5750

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Corliss Delameter

MAILING ADDRESS

[REDACTED]

CITY

[REDACTED]

STATE

[REDACTED]

ZIP CODE

[REDACTED]

AREA CODE/PHONE

(714) 731-3011

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

()

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/12/2003
DATEExecuted on 02/12/2003
DATEExecuted on 02/12/2003
DATEExecuted on 02/12/2003
DATE

By

By

By

By

*[Signature: Corliss Delameter]**[Signature: Bill Campbell]*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Recipient Committee
Campaign Statement
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COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Campbell

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, District, District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period

from 01/12/2003

through 02/07/2003

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FORM 460

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I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 30,059.00 | \$ 33,949.00 |
| 2. Loans Received Schedule B, Line 7 | 0.00 | 10,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 30,059.00 | \$ 43,949.00 |
| 4. Non-monetary Contributions Schedule C, Line 3 | 2,297.62 | 3,074.62 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 32,356.62 | \$ 47,023.62 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------------|------------------|-------------|
| 20. Contributions Received | \$ 37,022 | 0 |
| 21. Expenditures Made | \$ 72,711 | 0 |

Expenditures Made

| | | |
|---|--------------|---------------|
| 6. Cash Payments Schedule E, Line 4 | \$ 32,386.38 | \$ 57,181.33 |
| 7. Loans Made Schedule H, Line 7 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 32,386.38 | \$ 57,181.33 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 23,625.68 | 43,423.27 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 2,297.62 | 3,074.62 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 58,309.68 | \$ 103,679.22 |

Expenditure Limit Summary for State Candidates

22. Cumulative Exenditure Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Current Cash Statement

| | |
|---|-------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 6,892.07 |
| 13. Cash Receipts Column A, Line 3 above | 30,059.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 32,386.38 |
| 16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15 | \$ 4,564.69 |

If this is a Termination Statement, Line 16 must be zero.

| | |
|---|---------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) | \$ 0.00 |
|---|---------|

Cash Equivalents and Outstanding Debts

| | |
|---|--------------|
| 18. Cash Equivalents | \$ 0.00 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column C above | \$ 53,423.27 |

Schedule A
Monetary Contributions Received

SCHEDULE A

| | |
|--|---|
| Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u> | CALIFORNIA FORM 460 Page <u>4</u> of <u>29</u> |
|--|---|

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|--|--------------------------------|---|--|
| 01/12/2003 | Holly Ackman [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Speaker Holly K. Ackman | 100.00 | 100.00 | 100.00 (P03) |
| 01/22/2003 | All Star Services Corp. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 250.00 (P03) |
| 02/05/2003 | Amante & Shaffer [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | 200.00 (P03) |
| 01/22/2003 | Analytical Planning Service Inc. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 250.00 (P03) |
| 01/22/2003 | B.I.A. of Southern California Political Action Committee [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ID# 741733 | 1,000.00 | 1,000.00 | 1,000.00 (P03) |

SUBTOTAL \$ 1,700.00

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 29,339.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 720.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 30,059.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | | |
|--------------------------------|--|--|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>01/12/2003</u> | | |
| through <u>02/07/2003</u> | | Page <u>5</u> of <u>29</u> |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|--|-----------------------------|--|---|
| 01/21/2003 | James Baldwin [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Founder/Chairman Village Development | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/22/2003 | Bordier's Nursery Inc. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 500.00 (P03) |
| 01/22/2003 | Charles Brobeck [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Quantum Advisors | 250.00 | 250.00 | 250.00 (P03) |
| 01/13/2003 | Mark Brownstein [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Warmel Corporation | 100.00 | 100.00 | 100.00 (P03) |
| 02/05/2003 | Louis Brutocao [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/22/2003 | Michelle Brutocao [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker | 729.00 | 729.00 | 1,000.00 (P03) |

SUBTOTAL \$ 3,329.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/12/2003

through 02/07/2003

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|--|--------------------------------|---|--|
| 01/22/2003 | Roberto Brutocao [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Sun Coast | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/13/2003 | Thomas Burnes [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 | 100.00 | 100.00 (P03) |
| 01/17/2003 | Paula Burton [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker | 100.00 | 100.00 | 100.00 (P03) |
| 01/20/2003 | CAL SMAC PAC [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ID# 801777 | 500.00 | 500.00 | 500.00 (P03) |
| 01/22/2003 | California Private Transportation Company [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 500.00 (P03) |
| 01/14/2003 | Capital Pacific Holdings Inc. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | 500.00 (P03) |

SUBTOTAL \$

2,450.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | |
|--|---|
| Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u> | CALIFORNIA FORM 460 Page <u>7</u> of <u>29</u> |
| I.D. NUMBER 1243639 | |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|--------------------|--|---|--|-----------------------------|---|--|
| 01/22/2003 | Care Ambulance Service Inc. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 500.00 (P03) |
| 01/22/2003 | Don Caskey [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Partner Carter-Burgess Inc. | 250.00 | 250.00 | 250.00 (P03) |
| 01/13/2003 | William Christie [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 | 100.00 | 100.00 (P03) |
| 02/05/2003 | Donald Clem Jr. [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Special Deputy U.S. Marshall's Office | 100.00 | 100.00 | 125.00 (P03) |
| 01/22/2003 | Mary Clyburn [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Engineer Corollo Engineers | 250.00 | 250.00 | 250.00 (P03) |
| 01/22/2003 | Richard Coleman [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Carter-Burgess Inc. | 250.00 | 250.00 | 250.00 (P03) |
| SUBTOTAL \$ | | | | 1,200.00 | | |

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | |
|--|-------------------------------|
| Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u> | CALIFORNIA FORM 460 |
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|--------------------|--|---|--|--------------------------------|---|--|
| 01/22/2003 | Corbett & Steelman A Professional Law Corporation [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 250.00 (P03) |
| 01/14/2003 | Cristek Interconnects Inc. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | 500.00 (P03) |
| 01/20/2003 | John Dodd [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney John L. Dodd, Attorney at Law | 250.00 | 250.00 | 250.00 (P03) |
| 01/27/2003 | Carmela Du [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/18/2003 | Family Equities Management [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/16/2003 | Gabriel Ferrucci [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| SUBTOTAL \$ | | | | 4,000.00 | | |

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 01/12/2003
 through 02/07/2003

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|--|-----------------------------|--|---|
| 01/22/2003 | John Ford [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Insight Investment Corp. | 250.00 | 250.00 | 750.00 (P03) |
| 01/22/2003 | Geo Syntec Consultants [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 250.00 (P03) |
| 01/16/2003 | John Hagestad [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Managing Director Sares Regis Group | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/22/2003 | Harbor Grill [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 250.00 (P03) |
| 01/15/2003 | Michael Hayde [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO Western National Group | 500.00 | 500.00 | 500.00 (P03) |
| 01/16/2003 | Gary Hunt [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal California Strategies | 249.00 | 249.00 | 249.00 (P03) |

SUBTOTAL \$ 2,499.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | | |
|--|--|---|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>01/12/2003</u> | | |
| through <u>02/07/2003</u> | | Page <u>10</u> of <u>29</u> |
| NAME OF FILER <u>Bill Campbell, Bill Campbell for Supervisor</u> | | I.D. NUMBER <u>1243639</u> |

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|--------------------|--|---|--|-----------------------------|--|---|
| 01/22/2003 | Intratek Computer Inc. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 500.00 (P03) |
| 01/16/2003 | Jabez Holdings [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 02/03/2003 | Lance Jensen [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Judge Orange County | 100.00 | 100.00 | 100.00 (P03) |
| 01/12/2003 | Katellaris Farm Nursery Inc. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/22/2003 | Omer Zeki Kayiran [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner AKM Consulting | 250.00 | 250.00 | 250.00 (P03) |
| 01/14/2003 | Keena Communications [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | 500.00 (P03) |
| SUBTOTAL \$ | | | | 3,100.00 | | |

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | |
|--|--|
| Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u> | CALIFORNIA FORM 460 Page <u>11</u> of <u>29</u> I.D. NUMBER <u>1243639</u> |
|--|--|

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|--|-----------------------------|--|---|
| 01/22/2003 | Klein & Wilson [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | 500.00 (P03) |
| 01/14/2003 | Gil Leach [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Consultant Goren Financial Services | 200.00 | 200.00 | 200.00 (P03) |
| 01/12/2003 | Diane Lopez [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker | 200.00 | 200.00 | 200.00 (P03) |
| 01/22/2003 | William Malcolm [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Malcolm & Cisneros | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/14/2003 | Mary Aileen Matheis [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Mary Aileen Matheis Attorney at Law | 150.00 | 150.00 | 150.00 (P03) |
| 02/05/2003 | Archer Muncy [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 111.00 | 111.00 | 111.00 (P03) |

SUBTOTAL \$ 2,161.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period
 from 01/12/2003
 through 02/07/2003

CALIFORNIA
FORM 460

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER
1243639

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|--|-----------------------------|--|---|
| 01/15/2003 | N.A.I.O.P. PAC [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ID# 950520 | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/20/2003 | James Palmer [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President OC12M | 100.00 | 100.00 | 100.00 (P03) |
| 01/16/2003 | Neil Peake [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 | 100.00 | 100.00 (P03) |
| 01/22/2003 | George Peterson [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Project Dimension | 250.00 | 250.00 | 250.00 (P03) |
| 01/22/2003 | Gale Pike [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Restaurant Owner Beach House Restaurants | 500.00 | 500.00 | 500.00 (P03) |
| 02/03/2003 | Raymond Rizzo [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Ray's Auto Care | 100.00 | 100.00 | 100.00 (P03) |

SUBTOTAL \$ 2,050.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | |
|--|-------------------------------|
| Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u> | CALIFORNIA FORM 460 |
| Page <u>13</u> of <u>29</u> | I.D. NUMBER <u>1243639</u> |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|--|-----------------------------|---|--|
| 01/15/2003 | Sapetto Government Solutions Inc. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 150.00 | 150.00 | 150.00 (P03) |
| 01/21/2003 | Mark Schuerman [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Lenders' Leasing Services | 100.00 | 100.00 | 200.00 (P03) |
| 01/14/2003 | J. Harold Street [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Investor J. Harold Street | 250.00 | 250.00 | 250.00 (P03) |
| 01/13/2003 | David Sundstrom [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Auditor-Controller County of Orange | 100.00 | 100.00 | 100.00 (P03) |
| 01/16/2003 | T.D. Service Financial Corp. [REDACTED] [REDACTED] Source: Dale Dykema | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | 1,000.00 (P03) |
| 01/22/2003 | The Diamond Group [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 250.00 (P03) |

SUBTOTAL \$ 1,350.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

| | |
|-------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 01/12/2003 | |
| through 02/07/2003 | |
| Page 14 of 29 | |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER
1243639

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|--|--------------------------------|---|--|
| 01/13/2003 | The Irvine Company [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/30/2003 | The Lincoln Club of Orange State PAC [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ID# 970861 | 1,000.00 | 1,000.00 | 1,000.00 (G03) |
| 01/22/2003 | The National Traffic Safety Institute [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 500.00 (P03) |
| 01/22/2003 | Three Star Nursery Inc. [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 500.00 (P03) |
| 01/23/2003 | Christopher Townsend [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Townsend Public Affairs | 1,000.00 | 1,000.00 | 1,000.00 (P03) |
| 01/14/2003 | Thomas Tucker [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principal Jen Star Capital | 250.00 | 250.00 | 250.00 (P03) |

SUBTOTAL \$ 3,750.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period

from 01/12/2003

through 02/07/2003

CALIFORNIA
FORM

460

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I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|--|---|--|-----------------------------|--|---|
| 01/22/2003 | Vesystems [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | 500.00 (P03) |
| 01/30/2003 | Waste Management-Western Group and Waste Management [REDACTED] [REDACTED] | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | 1,000.00 (G03) |
| 01/12/2003 | Khalil Zadeh [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ph.D. ZME Engineering Inc.. | 500.00 | 500.00 | 600.00 (P03) |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 1,750.00

Schedule B - Part I
Loans Received

SCHEDULE B - Part I

Statement covers period
from 01/12/2003
through 02/07/2003

CALIFORNIA
FORM **460**

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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|---|--|--|---|---|--|--|
| <u>Bill Campbell</u> <u>[REDACTED]</u> <u>[REDACTED]</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Supervisor</u> <u>Orange County</u> | <u>\$ 10,000</u> | <u>\$ 0</u> | <input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u> | <u>\$ 10,000</u> <u>12/31/2003</u> DATE DUE | <u>0.000 %</u> RATE <u>\$ 0</u> | <u>\$ 10,000</u> <u>03/15/2002</u> DATE INCURRED | CALENDAR YEAR <u>\$ 0</u> PER ELECTION <u>\$ 10,000</u> P02 |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <u>\$ _____</u> <input type="checkbox"/> FORGIVEN <u>\$ _____</u> | <u>\$ _____</u> DATE DUE | <u>_____ %</u> RATE <u>\$ _____</u> | <u>\$ _____</u> DATE INCURRED | CALENDAR YEAR <u>\$ _____</u> PER ELECTION <u>\$ _____</u> |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID <u>\$ _____</u> <input type="checkbox"/> FORGIVEN <u>\$ _____</u> | <u>\$ _____</u> DATE DUE | <u>_____ %</u> RATE <u>\$ _____</u> | <u>\$ _____</u> DATE INCURRED | CALENDAR YEAR <u>\$ _____</u> PER ELECTION <u>\$ _____</u> |

SUBTOTAL \$ 0.00 \$ 0.00 \$ 10,000.00 \$ 0.00

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus initimized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2

Schedule C
Non-Monetary Contributions Received

SCHEDULE C

| | |
|--|--|
| Statement covers period from <u>01/12/2003</u> through <u>02/07/2003</u> | CALIFORNIA FORM 460 Page <u>17</u> of <u>29</u> |
|--|--|

| | |
|--|-------------------------------|
| NAME OF FILER <u>Bill Campbell, Bill Campbell for Supervisor</u> | I.D. NUMBER <u>1243639</u> |
|--|-------------------------------|

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|---|---|---|---|-------------------|---|---|
| 01/13/2003 | John Everett [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Reception | 194.00 | 194.00 | 194.00 (P03) |
| 01/13/2003 | Richard Freschi [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | Reception | 850.00 | 850.00 | 950.00 (P03) Includes Monetary Contribution(s) |
| 01/14/2003 | Jan Murdock [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Jan Murdock Imports | Refreshments for reception | 377.12 | 377.12 | 377.12 (P03) |
| 01/12/2003 | Robert Ruth [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager Tustin Bike Shop | Reception | 171.50 | 171.50 | 171.50 (G03) |
| 01/20/2003 | Richard Siebert [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Pharmacist Medical Towers Pharmacy | Invitations, postage, catering services | 595.00 | 595.00 | 595.00 (P03) |

SUBTOTAL \$ 2,187.62

Non-Monetary Contributions Summary

- Amount received this period - non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 2,187.62
- Amount received this period - non-monetary contributions of less than \$100.
(Do not itemize.) \$ 110.00
- Total non-monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) **TOTAL \$ 2,297.62**

Schedule C (Continuation Sheet)
Non-Monetary Contributions Received

SCHEDULE C (cont.)

Statement covers period

from 01/12/2003

through 02/07/2003

CALIFORNIA
FORM

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I.D. NUMBER

1243639

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | CUMULATIVE TO DATE OTHER (IF APPLICABLE) |
|---------------|---|---|---|----------------------------------|-------------------|---|---|
| 01/12/2003 | Mary Lou Teske [REDACTED] [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker | Food, flowers, balloons | 60.00 | 60.00 | 110.00 (P03) Includes Monetary Contribution(s) |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

SUBTOTAL \$

60.00

**Schedule E
Payments Made**

SCHEDULE E

| | | |
|--------------------------------|---------------------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>01/12/2003</u> | through <u>02/07/2003</u> | |
| Page <u>19</u> of <u>29</u> | | I.D. NUMBER <u>1243639</u> |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|----------------------------------|-------------|
| American Express [REDACTED] [REDACTED] | | | No Credit Card Payees Over \$100 | 434.13 |
| Mary Campbell [REDACTED] [REDACTED] | POS | | | 370.00 |
| Cingular Wireless [REDACTED] [REDACTED] | OFC | | | 215.26 |

SUBTOTAL \$ 1,019.39

Schedule E Summary

| | |
|--|--------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 32,255.40 |
| 2. Unitemized payments made this period of under \$100. | \$ 130.98 |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).) | \$ 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL | \$ 32,386.38 |

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

| | |
|--|--|
| Statement covers period from 01/12/2003 through 02/07/2003 | CALIFORNIA FORM 460 Page 20 of 29 I.D. NUMBER 1243639 |
|--|--|

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | |
|---|------|----|-------------------------|
| | CODE | OR | DESCRIPTION OF PAYMENT |
| Copy Right [REDACTED] [REDACTED] | LIT | | AMOUNT PAID 1,017.16 |
| Corliss Delameter [REDACTED] [REDACTED] | PRO | | 1,389.43 |
| Mark Denny [REDACTED] [REDACTED] | OFC | | 246.62 |
| Diane Stone & Associates [REDACTED] [REDACTED] | CNS | | 5,358.21 |

SUBTOTAL \$ 8,011.42

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

| | | |
|---|------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/12/2003 | |
| through | 02/07/2003 | Page 21 of 29 |
| NAME OF FILER Bill Campbell, Bill Campbell for Supervisor | | I.D. NUMBER 1243639 |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | |
|---|-------------------|------------------------------|-------------|
| | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
| Doubletree Irvine Spectrum [REDACTED] [REDACTED] | FND | | 335.97 |
| Foothills Sentry [REDACTED] [REDACTED] | PRT | | 273.00 |
| G. Strahan & Associates [REDACTED] [REDACTED] | LIT | | 4,538.45 |
| Lewis Consulting Group [REDACTED] [REDACTED] | POS OFC CNS | 485.00 398.24 2,500.00 | 3,383.24 |

SUBTOTAL \$ 8,530.66

Schedule E
(Continuation Sheet)
Payments Made

| | |
|--------------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 01/12/2003 | Page 22 of 29 |
| through 02/07/2003 | |
| I.D. NUMBER | |
| 1243639 | |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | |
|---|------|---------------|-----------------------------|
| | CODE | OR | DESCRIPTION OF PAYMENT |
| Mailing Systems Inc. [REDACTED] | LIT | | |
| Maxcomm Technologies Inc. [REDACTED] | PHO | | |
| Kirk Morgan [REDACTED] | | Entertainment | |
| Morrison & Burke [REDACTED] | CMP | | |
| | | | SUBTOTAL \$ 6,943.63 |

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

| | | |
|--------------------------------|---------------------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>01/12/2003</u> | through <u>02/07/2003</u> | |
| Page <u>23</u> of <u>29</u> | | I.D. NUMBER |
| | | 1243639 |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | |
|--|------|----|------------------------|
| | CODE | OR | DESCRIPTION OF PAYMENT |
| Jan Murdock [REDACTED] [REDACTED] | FND | | 377.12 |
| Pacific Bell [REDACTED] [REDACTED] | OFC | | 505.49 |
| Sergio Prince [REDACTED] [REDACTED] | OFC | | 282.92 |
| Registrar of Voters - Department of Elections -County of Orange [REDACTED] [REDACTED] | OFC | | 103.77 |

SUBTOTAL \$ 1,269.30

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

| | | |
|--------------------------------|---------------------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/12/2003 | through 02/07/2003 | |
| Page 24 of 29 | | I.D. NUMBER |
| | | 1243639 |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (Internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | | AMOUNT PAID |
|---|------|---------------------------|-------------|
| | CODE | OR DESCRIPTION OF PAYMENT | |
| U.S. Postmaster ██████████ ██████████ | POS | | 6,481.00 |
| | | | |
| | | | |
| | | | |
| | | | |

SUBTOTAL \$ 6,481.00

Schedule F
Accrued Expenses (Unpaid Bills)

SCHEDULE F

| | |
|--|--|
| Statement covers period from 01/12/2003 through 02/07/2003 | CALIFORNIA FORM 460 Page 25 of 29 I.D. NUMBER 1243639 |
|--|--|

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| American Express [REDACTED] [REDACTED] | , Reception | 0.00 | 7,567.57 | 0.00 | 7,567.57 |
| Cingular Wireless [REDACTED] [REDACTED] | OFC | 215.26 | 0.00 | 215.26 | 0.00 |
| Clover Communications [REDACTED] [REDACTED] | LIT | 0.00 | 1,350.00 | 0.00 | 1,350.00 |
| SUBTOTALS \$ | | 215.26 \$ | 8,917.57 \$ | 215.26 \$ | 8,917.57 |

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL** \$ 43,257.40

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL** \$ 19,631.72

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$ 23,625.68

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

| | |
|--------------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 01/12/2003 | Page 26 of 29 |
| through 02/07/2003 | |
| I.D. NUMBER 1243639 | |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Corliss Delameter [REDACTED] [REDACTED] | PRO | 1,389.43 | 0.00 | 1,389.43 | 0.00 |
| Diane Stone & Associates [REDACTED] [REDACTED] | CNS | 5,358.21 | 0.00 | 5,358.21 | 0.00 |
| G. Strahan & Associates [REDACTED] [REDACTED] | LIT | 4,538.45 | 1,510.97 | 4,538.45 | 1,510.97 |
| Jan Murdock [REDACTED] [REDACTED] | FND | 377.12 | 0.00 | 377.12 | 0.00 |

SUBTOTALS \$ 11,663.21 \$ 1,510.97 \$ 11,663.21 \$ 1,510.97

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

| | | |
|--------------------------------|---------------------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/12/2003 | through 02/07/2003 | |
| Page 27 of 29 | | I.D. NUMBER 1243639 |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Lea Petersen [REDACTED] | FND | 600.00 | 0.00 | 0.00 | 600.00 |
| Mailing Systems Inc. [REDACTED], Ste. A [REDACTED] | LIT | 201.60 | 0.00 | 201.60 | 0.00 |
| Mary Campbell [REDACTED] [REDACTED] | POS | 370.00 | 0.00 | 370.00 | 0.00 |
| Maxcomm Technologies Inc. [REDACTED] [REDACTED] | PHO | 1,902.00 | 804.96 | 1,902.00 | 804.96 |
| SUBTOTALS \$ | | 3,073.60 \$ | 804.96 \$ | 2,473.60 \$ | 1,404.96 |

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

| | |
|--------------------------------|----------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from 01/12/2003 | Page 22 of 29 |
| through 02/07/2003 | |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER
1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
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| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Morrison & Burke [REDACTED] | CMP | 4,340.03 | 0.00 | 4,340.03 | 0.00 |
| Pacific Bell [REDACTED] | OFC | 505.49 | 0.00 | 505.49 | 0.00 |
| Phillip Barry Greer Attorney at Law [REDACTED] | PRO | 0.00 | 30,573.15 | 0.00 | 30,573.15 |
| The Pacific Club [REDACTED] | FND | 0.00 | 1,016.62 | 0.00 | 1,016.62 |

SUBTOTALS \$ 4,845.52 \$ 31,589.77 \$ 4,845.52 \$ 31,589.77

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

SCHEDULE F (CONT.)

| | | |
|--------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/12/2003 | |
| through | 02/07/2003 | |
| Page <u>18</u> of <u>29</u> | | I.D. NUMBER |
| | | 1243639 |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Morrison & Burke [REDACTED] [REDACTED] | CMP | 4,340.03 | 0.00 | 4,340.03 | 0.00 |
| Pacific Bell [REDACTED] [REDACTED] | OFC | 505.49 | 0.00 | 505.49 | 0.00 |
| Phillip Barry Greer Attorney at Law [REDACTED] [REDACTED] | PRO | 0.00 | 30,573.15 | 0.00 | 30,573.15 |
| | | | | | |

SUBTOTALS \$ 4,845.52 \$ 30,573.15 \$ 4,845.52 \$ 30,573.15

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

SCHEDULE G

| | | |
|--------------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/12/2003 | |
| through | 02/07/2003 | |
| Page 29 of 29 | | I.D. NUMBER |
| | | 1243639 |

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
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| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|------------------------------|-------------|
| Doubletree Irvine Spectrum [REDACTED] [REDACTED] | | Reception | 7,567.57 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SUBTOTAL \$ 7,567.57